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MOLIFORM FIBRO-CARTILAGINOUS TUMOR, ATTENDED WITH ENLARGEMENT AND OBLITERATION OF THE CAVITY OF THE UTERUS,

Successfully extracted by J. Pancoast, M.D., Professor of Anatomy in Jefferson Medical College, Lecturer on Clinical Surgery at the Philadelphia Hospital, &c.

[Communicated for the Boston Medical and Surgical Journal.]

THE patient in this case was a Mrs. L., a lady 37 years of age, residing in the upper part of the city, who had been for a considerable period under the professional care of Dr. John K. Knorr, of this place. From this gentleman I have received the following brief history, which is illustrative of the obscurity so commonly attendant on uterine tumors, previous to their making their appearance in the vagina.

"Thirteen years since, Mrs. L. aborted with a first child. A short time afterwards, feeling that all was not right with her, she consulted the physician then in attendance upon the family, who advised her to wear a pessary. A waxed cork pessary was accordingly introduced, which she wore for some weeks. After riding upon one occasion for some distance, on a rough road, she was seized with a severe pain in the lower part of the abdomen, accompanied with a discharge of blood from the vagina. This induced her physician to remove the instrument. Since that period, she has at different times consulted various physicians, all of whom agreed in believing that she had merely prolapsus uteri. After she came under my charge, consultations were at my request held with two distinguished practitioners of this city, one of whom supposed there was a tumor of a carcinomatous character, covering a large portion of the posterior part of the uterus; the other, that there was a polypous or carcinomatous expansion of the posterior lip of the uterus. A remarkable feature in this case was the fact that she menstruated regularly till within a short time of the period at which you first saw her. During a few weeks prior to the operation, there was a discharge of pus from the tumor at intervals of several days; on one occasion as much as half a pint being discharged at a time. This discharge, it was hoped, might effect a reduction of the tumor, so as to protract the patient's life. No such good effect, however, seemed to follow; the tumor appeared to steadily increase in size, and the patient became altogether confined to her chamber. The success of

the operation you performed has been perfect in this case, Mrs. L. now enjoying as good health as at any previous period of her life.

Very truly yours,

To J. Pancoast, M.D.

J. K. KNORR."

When called to the case of Mrs. L., in consultation with Dr. Knorr, an uterine tumor could be felt on palpation over the hypogastrium, round and smooth, and about the size of the foetal head. The vagina, on examination, was found filled with a globular mass at its upper part, from which a tail-like process protruded, with its free end between the labia. This end was about an inch and a half broad, and an inch thick; and from its exposure to the urine, and probably to the contact of foreign bodies, was almost black, diffusing a gangrenous odor. On tracing up the tumor with the finger, no line of demarcation could be distinguished between the morbid growth, and the rounded mass of the uterus itself, which could be felt at the top of the vagina. A small fissure, however, was detected on the side of the tail-like process, which led into a smooth, narrow cavity a half an inch deep, the axis of which was in the direction of the centre of the mass above it. I was led to infer from the examination, and the great solidity of the uterine tumor, that this cavity had probably been the source of the purulent discharges, and that its present small size might be owing to a rapid growth of new substance from the whole inner face of the uterus, which had not only filled up the cavity of that organ, but shot out in the process discoverable from the vulva. I made an attempt to draw down the whole mass of the tumor by this process, so as to expose the point at which the expanded orifice of the uterus embraced the tumor, but the process was found too friable to admit the application of the requisite degree of force. The finger was then brought from the top of the vagina downwards, so as to search for the junction of the os tincæ with the process of the tumor, the process being pushed in the opposite direction with the other hand. By this means I was able to detect a little prominence, which proved to be a portion of the lip of the uterus, that had been overlapped and obscured by the tumor. The end of the forefinger was gradually worked under this prominence and carried round the tumor, so as to separate from the latter the inner face of the neck which adhered closely to it. The ends of the forefinger of each hand were then carried up on opposite sides of the tumor, to serve as points of support to each other, while the process of separation was continued as far up as the fingers would reach. The partially loosened mass was then grasped with the thumb and forefinger of one hand, so as to draw the tumor downward till the os tincæ came in view from the vulva, and the separation continued further with the forefinger of the other hand, which was carried up with its palmar face towards the uterine wall. When the tumor was detached from the uterine wall as far as the finger would reach, recourse was had to a small pair of the œsophagus forceps invented by Dr. Bond, of this city. This instrument was passed up closed, with the concave face towards the uterus, between the uterine wall and the adherent tumor; and the blades then opened with force, so as to continue the process of separation. By repeating

this manœuvre on the several sides of the tumor, its loosening was effected up to the fundus of the uterus. The forceps were then passed up with their *concave face to the tumor*, and by using them partly in the manner described and partly as a lever, the whole tumor was detached from the uterus, and drawn out from the vagina in a mass, lacerated to some extent by the instrument. The tumor formed a bulk somewhat larger than the closed fist, and weighed three quarters of a pound. It seemed to have been attached equally to all parts of the internal face of the uterus, the line of attachment, as in cases of moles and adherent placenta, being rather less firm than the texture of the mass. Not more than five ounces of blood was lost during the operation, which lasted over an hour, and was not attended with a great deal of pain—a dragging sensation at the hypogastrium being the chief suffering complained of, with some severe twinges in the region of the left kidney and spleen, during the latter part of the process.

After the removal of the tumor, the os tincæ, which remained largely dilated, but thin and flaccid like the mouth of a gum-elastic bag, could be seen from the vulva. I introduced a finger into its cavity (which was found rough and cellular to the touch), in order to carry the uterus up to its proper position. The patient was then drawn up in bed, directed to be kept perfectly quiet, and take a tablespoonful of neutral mixture with the tenth of a grain of morphia, every hour, till she should fall into perspiration and be composed to sleep. On the following day she was found free from pain, and comfortable. Some slight soreness was felt in the hypogastrium during the next, which was removed by a single warm fomentation. A slight oozing from the uterus took place during the four or five days succeeding the operation—no further inconvenience followed. The patient was, however, kept in bed for three weeks, in order to obviate any tendency to prolapsus which might otherwise have taken place. At that period, she resumed her usual occupations, and has remained, up to the present time, as healthy and active as she has been at any period of her life.

In its character and mode of attachment to the uterus, the tumor removed in this case was somewhat *unique*. It was not surrounded by a mucous membrane or pediculated like an ordinary polypus. It contained no vesicles or foetal remains like the *ordinary* moliform productions. It was solid, very friable and readily split in layers, appearing to be made up of a mass of gelatinous fibres interlaid with crude opaque albuminous matter. It was of a pale rose hue; this color being in all probability due to the presence of the small vessels which gave out blood during the extraction of the tumor, though no vessels were visible on making an inspection of the diseased mass after its removal.

Tumors of a character somewhat similar to this, have been supposed to arise from the organization of coagulated blood in the cavity of the uterus. But in this instance it seems to me more probable, that it has been gradually developed in the form of a morbid exudation from the cavity of the uterus, which exudation having received, to more or less

extent, vessels from the uterus, participated in the menstrual engorgement of this organ, and allowed the menstrual fluid to escape.

Philadelphia, Sept. 24, 1844.

CHEMICAL AND PHYSIOLOGICAL RESEARCHES OF PROF. CROSS.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—Nations are respected for the wisdom of their law-givers, the justice of their rulers, and the success of their scholars in giving progress to science, literature and the arts. Legislators and Executives receive the honor which the responsibility and dignity of their offices may demand; while the scholar's aim being his country's honor—by giving progress to science, improving literature, and perfecting the arts—or by laboring to promote those things which conduce to higher civilization, his character is his nation's property, and every individual citizen is its protector. It is under this view, that I, from a sense of duty, request of you the charity of a few pages, that I may give the public some remarks in relation to an individual, against whom there is an inuendo in your Journal of July last. It is as follows:—"Prof. Cross resigned his chair two or three weeks ago, but *not without some hope*, says report, *of being re-appointed.*" Now it is not my intention to say what were the circumstances under which Prof. Cross resigned; but it is my desire to succeed in proving that Transylvania has lost her brightest luminary, and that a long time will intervene before the vacated chair can be filled by one with such resources, and with such abilities to employ those resources, as Prof. Cross. If I do this, it will follow as a sequence that the objectionable feature of the quoted remark is gratuitous; because, if I accomplish my desire, I will have proved Prof. Cross to be a great man—and great men can at any time create circumstances which will place them in positions from whence they can exert an influence commensurate with their intelligence.

It will not do to try to establish my point by instituting comparisons between the resigned professor and his former colleagues—because that will at once be admitting that there is ground to suppose them as learned and as effective as teachers, as Dr. Cross; and, again, because it is not my desire to give him that apocryphal fame which is built upon the downfall of others. And in all cases it is unnecessary to institute comparisons between that one, who has been gifted with an intellect which can observe, reason and conclude, independent in a great measure of the thoughts, reasoning and conclusions of others—and those whose greatest emulation is to give the opinions and deductions of men, whose celebrity is extended, whose influence is acknowledged, and whose reasons and deductions are so couched that they have not the ability to detect the fallacies of the arguments, or the courage to expose the illegitimate or gratuitous conclusions.

But before I enter upon the consideration of my particular subject, permit me to remark, that in our country, those who occupy the responsible and honorable stations of teachers of medicine, and advance claims

upon the respect and confidence of the faculty, are not placed sufficiently prominent before the public by medical Journalists. There are many reasons why their abilities, medical information, and their habits of thought, should be noticed, and commented upon; but two will suffice at the present. The influence of medical schools upon the health and comfort of individuals, through the practitioners which they may send out, can only be judged from a fair examination, by which the public may be made acquainted with the theoretical and practical views of the teachers. Again, in other countries the opinions of men are published, that their nation may be honored for having given birth to individuals whose powers of mind, and habits of thought and reasoning, lead them to conclusions well adapted to exert an influence throughout the world. And should not our own much-loved and much-lauded Union receive honor by placing our scholars, and the effects of their labors upon science, before the world? Has our native land never given birth to any whose greatness should be our glory? Can we not produce living witnesses, that we have permitted other nations to be puffed with pride, whilst our own has contended for no additional honor, simply because our Journalists failed or feared to assert the opinions of our citizens? We think an affirmative answer may safely be given to each of the queries; and if so, it is a strong—a mighty reason in favor of examining the capabilities, the abilities, and extent of information of those who merit or arrogate the chair and title of a professor of medicine. The reasons are not given without design. We have many medical schools, and if their professors were known, I incline to the opinion that soon some of them "would be numbered with the things that were;" whilst others would be enabled to increase their facilities, so that professors of undoubted abilities could exercise their legitimate influence. And further, if I am not very incorrect in certain comparisons hereafter to be instituted, I feel sure that our Journalists will see, that from remissness—or an inability on their part, to appreciate reasonings and conclusions, before foreign criticisms had allotted them force and weight, or the ignominy of pointlessness and assumption—other nations, and men of other countries, have received honor and fame for opinions that were asserted and contended for, even years ago, by a citizen of our own country. And had the scholastic character of this man been examined, he would now be placed conspicuously before the world of letters, and his name be respected and loved by every admirer of science. To perform a surgical operation in the same part, and after the same manner, and with similar instruments, that it had often times before been performed, should reflect no more credit upon the operator than the successful building of a machine by a mechanic, after a model; the ability to lucidly explain the situation, form and connections of the several portions of the human body, should not give a man more respect for intellectual capacity, than should the mechanic's ability to explain the several parts of the machine which he built in accordance with directions given him by another. But that intelligence which can comprehend the principles by which the several anatomical or mechanical parts are retained, each in its relative connection, and the laws which govern their action, and can give

them elucidation in language so pure and concise that the ordinary intellect can understand, retain and again explain them, should and does command the respect of all whose minds are cultivated by communion with letters, and polished by high civilization. But how many are satisfied to gain by imitation, the ephemeral fame which gives them local influence—how many are content to become acquainted with the effects of others' labors, and "figure away in borrowed robes of dignity!" and yet, alas! how many do homage to these pseudo-honored persons, and aid in sustaining them in their "borrowed robes," solely from sinister motives, excited by the influence which is wielded from a noon-day reputation! The Journalists—who are the watchmen, placed to superintend what conduces to the interests of the profession—occupy responsible stations, and though they should commend the successful copyist, yet they should frown down any attempt he may make to be as much honored as the bold and scientific originator. But I must forbear. I do not wish to excite the Journalists; yet I can but think that they have failed to do their duty to themselves, the members of the profession at home, and to their country, in permitting conclusions—which have *prima facie* evidence of being correct, from their general prevalence in the minds of medical men, since their advancement *of late*—to be claimed by foreign scholars, when, years ago, the same conclusions were announced by JAMES CONQUEST CROSS.

It is not necessary, for the attainment of my purpose, to give the early history of this individual, who, though comparatively a young man, wears laurels, for which many have grown gray, vainly contending. And it would be futile for me to reiterate what every one knows—that Prof. Cross is esteemed for his worth wherever he is known; and he is known in this country, wherever the medical man, who honors his profession, who wishes to sustain its dignity, and desires its advancement, is located. At some future time—if this communication receives from you the attention for which I have designed it—I may give an epitome of the labors of his life, which have placed him so high in the opinion of the medical men in the South and West. But I may be permitted to remark here, that his studies have not been narrowed down within the confines of his own profession—extended as may be the fields of labor which they bound; but he has "observed and reasoned on topics of general physics—indeed on general topics." Possessing an intimate knowledge of human and comparative anatomy, with a mind having peculiar reasoning abilities, he has formed a theory of the absorbent system, which for simplicity and tangibility stands first of all theories which have ever been presented to the medical public of the South and West. And had he been an European scholar, more than fourteen years ago his name would have been placed, as respects honor, side by side with the learned laborers of the 16th century; and opinions but now being discussed, would have been subject of contention, and long before this their fallacy or importance shown or established. The opinions to which I have reference, are advanced in the late publications of the Chemist of Giessen, JUSTUS LIEBIG, M.D., &c., and the Physiologist of the Bristol

Medical School, WILLIAM CARPENTER, M.D. The work of Liebig which I have in possession, is a re-print, and bears date as such, "1842;" but it must have been in the latter part of that year that the energetic publishers of the re-print were enabled to present it to the American public—for it appears that Liebig's dedication to the "British Association for the Advancement of Science" bears date at Giessen as late as "3d June, 1842." The preface of the work, it is true, bears the earlier date of "April, 1842"—but it is certain that the work could not have appeared prior to the date of the dedication. The work of Carpenter which I have in possession is also a re-print, bearing date "1843;" and I am led to believe that it made its appearance before the European public, about the middle, or towards the close of the year previous—for Carpenter dedicates it to the "Professor of the Institutes of Medicine in the University of Edinburgh," at "Bristol, Feb. 1, 1842."

Having thus settled the dates of these publications, let us now proceed to institute comparisons; and it is deemed sufficient—without being particular to refer to page, paragraph, &c.—to state that the prominent physiological and pathological ideas advanced by Liebig, are—"The metamorphosed tissues change arterial into venous blood, in the general capillary system; the oxygen of the air combines with the carbon and hydrogen of the tissues, and from which result carbonic acid and water, and that the presence of these in the capillary system, causes the blood to change from arterial into venous." "The conversion of the blood from venous into arterial in the pulmonary capillary system, is owing to the exhalation of carbonic acid gas, and the absorption of oxygen." "Out of the metamorphosed tissues, bile and the pulmonary exhalations are formed." "A want of equilibrium between the causes of waste and supply, is a cause of disease."

We will now, with more precision, give some of the views expressed by Dr. Carpenter. On page 340 he says, "since the time of Hunter, it has been commonly supposed that the function of the lymphatics is to remove, by interstitial absorption, the effete matter which is destined to be carried out of the system. * * * * From what has been stated, however, it appears that the special function of the lymphatics, like that of the lacteals, is nutritive absorption." And on page 338 he reasons thus: "The evident conformity in the nature of the fluid which these two sets (lacteals and lymphatics) transmit, joined to the fact that the fluid lymph, like the chyle, being conveyed into the general current of the circulation just before the blood is again transmitted to the system at large, almost inevitably leads to the inference that the lymph is like the chyle, a nutritious fluid, and is not of an excrementitious character, as formerly supposed." And, again, see on page 341 the following language. "If this view of the function of the lymphatics be correct, it follows that we must attribute to the bloodvessels the absorption of the truly effete particles. * * * * We know that venous blood contains the elements of two important excretions—that of the lungs, and that of the bile."

An expression of these conclusions has placed Liebig high upon the hill of fame, and given Dr. Carpenter much more prominence before the medical public than he would have otherwise attained. But if pri-

ority of expression gives priority of credit, then the name of an American citizen should be constantly coupled with the opinions, and the American Union should receive all the honor which may be consequent upon the effects which these opinions may have upon the world of science. I refer you now to a publication which I presume you have in possession—the April No. of the “Western and Southern Medical Recorder.” This No., it is true, was issued near two months after the date of Carpenter’s, and about two months before the date of Liebig’s dedication; but no man of candor would say that the views which it contains were derived from Carpenter, while the impossibility of their being derived from Liebig cannot be questioned. The article to which I invite particular examination, is entitled “THOUGHTS ON INTERSTITIAL ABSORPTION.” On page 247, the editor thus expresses himself. “The effete matter is carried into the capillary bloodvessels, and in these vessels the blood undergoes a remarkable change; it is converted from arterial into venous.” And on page 247, after a process of reasoning which it is unnecessary for us to notice, he gives his opinions of the manner in which the change is effected, as follows. “Now it appears to us perfectly reasonable to suppose, that the disappearance of the oxygen from arterial blood, and the increase of carbonic acid in venous, is owing to the former combining, in the general capillary system, with the carbon derived from the tissues by the interstitial absorbents, and which is conducted by them into the veins.” He previously tells us, on pages 249, 250, that the change from venous into arterial is effected—not by the union of carbon and oxygen in the lungs—but by the exhalation of carbonic acid, and the absorption of oxygen by the pulmonary capillary system. And the editor informs us, that his thoughts on interstitial absorption are “intended merely as an introduction to the study of the source of bile,” and the idea of its source being the metamorphosed tissues is apparent throughout the whole of the article; and in a subsequent paper in the July No. 1842, page 384, of the same Journal, he says, “from what has been already intimated in a previous article, it is evident we consider, that elements of the biliary secretion, which consist in the refuse matter of the system, &c.” Entertaining these physiological views, Prof. Cross has always taught, that “whatever disturbs the equilibrium that subsists in health between incrition and excretion, is a cause of disease;” and without this disturbance of equilibrium, disease does not exist. This doctrine you will find him maintaining in an essay upon the nature and import of stools in disease, contained in different Nos. of his Journal, beginning in that for July.

We will now examine our Professor’s views as regards the lymphatics and the fluid which they contain; and first, on page 245, we see him affirming that certain arguments which he adduced “rendered it almost certain that they (the lymphatics) are important agents in the process of nutritive assimilation, instead of being sewers, through which the old and refuse matter is expelled from the system.” And on page 246, after describing the character of the contents of these vessels, he says—“In view of the nature of lymph, it is impossible to suppose that it is derived from the *debris* of the solids of the body.” And on the same page, he

concludes "that the lymphatics, properly so called, cannot be regarded as the agents of interstitial absorption, and that this office is performed by capillary veins, or absorbent vessels which terminate in them."

Let this suffice. However different the processes of reasoning which were employed, the identity of the views, to which I have called your attention, and which have been attained by Cross, Liebig and Carpenter, is in this paper made evident to even a superficial reader. I have quoted from the latest publication containing the views of Prof. Cross, because I believe even there his right to priority of expression is apodictically established. But this publication is not the only evidence upon which his right to priority may rest. As far back as the year 1829, he published papers in the *Transylvania Medical Journal*, in which the same ideas were advanced, the same views contended for, and the same opinions ably defended. These Journals are not at present within convenient reach for me to employ quotations in this letter of reclamation. And in the deliberations and discussions of the Lexington Medical Society, as is well known to those who were its members in its palmiest days, Dr. Cross advanced and defended, at different times, the same conclusions which are noticed in this paper. Nor does evidence stop here. I appeal to the thousand practitioners, scattered throughout the expanse of the valley of the Mississippi, who were members of the medical classes of Transylvania during the seven years preceding Dr. Cross's resignation, to sustain me in my allegation—and to those who were members of the Medical College of Ohio, during the time that Professor Cross occupied a chair in that school, and who have so successfully employed the therapeutics that the Professor deducts from his physiological views, in the treatment of disease, that the conclusions which in this paper are noticed as being affirmed by Liebig and Carpenter, were the opinions held and expressed by Dr. Cross long before the names of Liebig and Carpenter were known in America. There is evidence enough presented in the quotations from, and dates of the *Western and Southern Medical Recorder*, to convince candid minds; but as the inconvenience at present existing will soon be done away, I will, if thought advisable, institute a similar comparison between the opinions of the chemist and physiologist of Europe, and the opinions of our own Cross, as given in his papers in the *Transylvania Journal*.

FRANK A. RAMSEY.

Knoxville, Tenn., Sept. 16, 1844.

ON THE EVIDENCE OF SCIENTIFIC MEN BEFORE LEGAL TRIBUNALS.

[THE following remarks, from the *Polytechnic Review*, an English periodical, have reference to a state of things which has often been complained of in this country, especially by members of the bar. There is doubtless often some cause for the complaint; and yet, so far as strictly medical evidence in courts of law is concerned, the uncertainty and discrepancy alluded to are to a certain extent inseparably connected, we apprehend, with the uncertainty of the science itself, and do not therefore

warrant the conclusion which the writer draws when that evidence relates to the subject of insanity. His remarks, however, and the chemical case related, are worthy of the perusal of medical men.]

The opinions delivered by men of deep research in their own peculiar departments before legal tribunals, are daily becoming the theme of wonder and ridicule to the public at large. Scarcely is there a trial involving a great question, that ought to be solved by those who have studied the points connected with it most deeply, than there is a collision of evidence, amidst the mockery and sneers of the barristers, whose object is, of course, to win the cause, and not to arrive at truth.

The conflicting testimony of medical men upon the subject of insanity, has tended to show that the judgment formed by persons of common sense, perfectly impartial, is quite as valuable, and as much to be relied upon, as the professional scrutiny of those who declare that they devote themselves to the examination and to the treatment of the insane. But medical evidence has unfortunately been long at a low ebb, and solicitors have every reason to believe that they can purchase it at graduated prices; and when we see the cases which have been subjects of the law courts, we cannot much be surprised at it. We find, for instance, such a trial as that which was brought by the widow of Mr. Kinnear, the banker, to recover £2,000 from the Rock Assurance Company, in which six medical men, two of them physicians, after a careful examination of the dead body, pronounced upon the cause of death; while, on the other side, surgeons of eminence, who had not that advantage, asserted that it must have been by poison, without assigning any other reason than that they were not satisfied with the opinions of the six other gentlemen.

We may possibly find some excuse for the difference of views upon subjects which are somewhat speculative, and that require rather the exercise of the reasoning faculties than of the senses; but what are we to say of the practical chemists of the day? who should take nothing for granted, who ought to be guided solely by experiment, whose manipulations should prove the truth of their views. Yet the opinion is now tolerably prevalent that no reliance can be placed upon them, for we find their evidence upon matters of fact diametrically opposed to each other. We constantly observe in the daily press, that upon a trial, Professors A, B, C were for the plaintiff, and D, E, F were for the defendant; assuming as a fact, that, if subpoenaed by the plaintiff, D, E, F would have been his witnesses, and A, B, C those of the defendant, and that there had been a struggle not to arrive at truth, or to tell all that was known, but that the party who paid for the evidence was to have the benefit of everything that could be found in his favor, and all that appeared prejudicial was to be carefully kept back. At the same time, we are prone to believe that not one of these professors would be tempted by any sum to a deliberate falsehood; but they allow themselves to be biassed by their clients, they have taken up a one-sided opinion, and even should they, in the progress of their inquiries, find they laid hold of a wrong idea, they think they are bound in honor to go on in the path in which they have commenced their journey, and try to prove it to be the only one that leads to truth.

That carelessness—we must not call it ignorance—sometimes leads the public to undervalue the opinions of scientific chemists, we must concede. The late case at the Excise Office is an instructive one. We find two of the first chemists asserting, that in a certain liquid there is not the trace of spirits, and we find Dr. Ure showing by analysis that actually three-fourths of the fluid is spirit. A case has just occurred which has involved some very interesting questions, and two of our most distinguished chemists were employed, Dr. Ure and Mr. Phillips, against each other; and whilst it was a singular sight to see two such eminent men brought into collision with each other, each anxious to show the superiority of his own views, it led rather to the conclusion that science was a marketable commodity, which might be brought to assist those who could afford to pay her handsomely.

Mr. Brookes, the proprietor of an estate at East Cowes, in the Isle of Wight, had embarked a large sum of money in an extensive speculation for the building of numerous villas. He considered himself fortunate in having found brick-clay upon the property, and commenced the manufacture of bricks upon a large scale. He baked them in clamps instead of in kilns, which latter are preferred by most brick-makers, because there is less waste, less fuel consumed, and the bricks are sooner burnt. A clamp is thus formed: its foundation is of dried bricks just made, upon which the bricks to be burnt are built up tier upon tier; between each layer of bricks are two or three inches of cinders, from which the ashes have been sifted, and to which the technical term *breeze* is applied. The fire-place and its flues are constructed differently, according to the wish either to dry the bricks speedily or slowly. As the combustion goes forward, emanations and effluvia are, of course, given forth. Mr. Barwell, the proprietor of East Cowes Castle, who was the immediate neighbor of Mr. Brookes, found these vapors not only disagreeable to the senses, but labored under the impression that they were highly destructive to the vegetation, and that they had most decidedly injured his plantations. He accordingly obtained an injunction from the Lord Chancellor against Mr. Brookes, the consequence of which was, the clamp was extinguished, and a most serious loss sustained.

Litigation having once commenced, it was carried on with most energetic decision by both parties. Chancery suits sprung from it, and, after various hearings on both sides, the Lord Chancellor referred it for arbitration to Mr. Swanstone, an eminent Chancery barrister.

Both parties seemed determined to carry on litigation regardless of expense. The proprietor of East Cowes Castle called witnesses to prove the injury his trees had sustained. As it has been a generally received opinion that the ordinary vapor from a brick clamp has no injurious effect, it was necessary to prove that there was some unusual circumstance attendant upon this clamp, and Professor Phillips gave evidence that the breeze employed by Mr. Brookes differed from that which is usually burnt, and that it contained sea-salt; this becoming decomposed at a high temperature, gave forth hydrochloric acid, which produced the deleterious effect complained of.

This argument created considerable interest, and evidently much influenced the arbitrator. Dr. Ure, however, not only exposed the fallacy of the doctrine, but showed by actual experiment that the temperature was not sufficient for the evolution of the gas, but that from the clay ammonia was given out. The two learned chemists insisted upon these most contradictory opinions, and the arbitrator was sorely puzzled between them.

Botany was called in to lend its aid to solve the problem. Dr. Sigmond and Mr. Rogers gave it as their opinion that the trees which were declared to be destroyed were unhurt, and that their apparent unhealthy state was to be attributed to their exposure to the south-west blast, which has a striking influence on vegetation throughout the Isle of Wight. All evidence, however, was of little avail; the arbitrator could arrive at no decision after the big war of opinion of the chemists; he condemned each party to pay his own costs, and dismissed the case. Nearly £5000 have been spent, both parties are dissatisfied, the chemists are laughed at, and had the arbitrator gone down to the Isle of Wight on the day he gave his undecisive opinion, after six months' deliberation, he would have found the trees, whose supposed decay had been the cause of the conflict, in full bloom and beauty, and the vegetation even more luxurious than it had been in former years.

CASE OF GLANDULAR TUMOR OF THE NECK.

By W. G. Jones, Esq., Surg. to the Royal Free Hospital.

THE following case illustrates a very important point in surgery, viz., the diagnosis between aneurismal and other tumors:—

Charles Johnson, aged 46, formerly a mariner, latterly a navigator, presented himself as a patient in May, 1843. He had a large pulsating tumor on the right side of the neck, gradually enlarging, and from its pressure on the trachea and œsophagus, threatening to destroy the necessary functions of breathing and swallowing. He stated that he had been an inmate of other institutions, and that no operation had been advised, although he would gladly have submitted to any, however painful, as his "life was a burthen to him." A full trial of iodine and other discutient applications was made for a considerable period, but without effect. It, therefore, became requisite to consider the propriety of acceding to his wishes by performing an operation. Some difference of opinion arose as to the nature of the tumor. Mr. Eccles, who had the case, considered it a glandular tumor, an opinion in which Mr. Myers joined; but several other surgeons who came to see the case, and who were gentlemen of known experience and ability, were very positive that it was an aneurism, and for the following forcible reasons:—1. The laborious occupation of the man rendered him a probable subject of such a disease. 2. The tumor pulsated. 3. It appeared to diminish when pressed upon, and to enlarge when the pressure was removed. 4. A *bruit de soufflet* was audible over the tumor. And, 5. A puncture having been made with an exploring needle, blood flowed freely.

These reasons were met as follows:—1. The occupations of the man were merely presumptive evidence of the probability of aneurism. 2. The pulsation of the tumor might have been (as is frequently the case) the result of the artery beating under the indurated mass. 3. The diminution on pressure and subsequent enlargement might be attributed to the lessening or increase in size consequent on the compressed or dilated state of the arteries and veins that surrounded the tumor. 4. With respect to the *bruit*, although not audible to all of us, it was so to the majority of those present; Mr. Myers and myself could not hear it; but it imports little whether it existed or not, as its existence refers little to the case. 5. The flow of blood on the introduction of the exploring needle did not conclude anything further, as it might have arisen from distended cutaneous vessels, or dilated arteries and veins in the tumor. But no doubt was entertained by any one that the tumor must be removed in order to save the man from suffocation, nor did any question exist that the removal of it could be effected unless the carotid artery were previously tied. This, therefore, was done, on the 23d September, by Mr. Eccles, in the usual short space of time, although he was somewhat impeded by disarrangement of parts, consequent on the existence of so large a swelling. In order to test the accuracy of the diagnosis, it was determined to delay, for a time, the extraction of the tumor. The day after the application of the ligature slight cerebral disturbance came on, which was subdued by moderate bleeding, but on the fourth day the patient was seized with paralysis of the *left side* (the side opposite to the ligature); the usual remedies restored him to sensation, and, *partly*, to motion. In November, however, he wished to return home, and then, in January, four months after the operation, he was unfortunately attacked with bronchitis, of which he died.

On making a *post-mortem* examination the carotid artery was found to be completely obliterated by the operation. A glandular tumor embraced and intersected all the deep-seated muscles, vessels and nerves of the neck; it was covered by the skin, platysma-myoides, sterno-cleido-mastoideus muscles, and the two layers of fascia.

Now, the only point to which this case refers, is the question, Are we always sure of our diagnosis of aneurism?—*London Lancet*.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, OCTOBER 9, 1844.

Medical Lectures in Boston.—Those who are preparing to matriculate in some of our many schools of medicine, should consider well the advantages of each, before deciding hastily in favor of any one. Such are the manifold opportunities in Boston for becoming familiar with all forms of acute or chronic diseases, and for learning the important art of practical

surgery, under the daily guidance of gentlemen greatly distinguished for their attainments, that no one who has been taught his profession in this city can justly accuse us of undue partiality towards our own institutions, in saying that the Massachusetts Medical College and General Hospital, united with other sources of instruction among us, are not surpassed on this Continent. Opportunities for pursuing any particular department for which the individual has a decided taste, or genius, are afforded; and the Lying-in Hospital, the Eye and Ear Infirmary, the Infirmary for Diseases of the Lungs, the Surgical Dispensaries of the Drs. Warren, the Infirmary of Drs. Lewis and Cabot, the Dissecting Rooms of Dr. Lewis for anatomical pursuits, and the medical establishments at South Boston, present immense fields of themselves for medical students; and the Chelsea Hospital, besides various charities of respectability and of long standing, in which rare opportunities are presented for becoming familiar with all the phases of various maladies, should not be overlooked. Again, there are private schools, and libraries of exceeding richness, which are to be superadded to all the other advantages which the city of Boston presents to gentlemen in the study of medicine.

The regular annual course of lectures in Mason street, is methodically conducted by gentlemen of tried experience. The cabinets of the Faculty are the accumulations of many successful years of laborious activity. All these recommendations, with the stability of the institution, its prosperity, and the host of excellent practitioners it has given to the country, should weigh well on the minds of those who are pursuing the study of medicine and surgery in the New England States.

American Medical Biography.—Dr. Stephen W. Williams, of Deerfield, who has been some time engaged in preparing biographies of distinguished American physicians, informs us that the publication of the work has been delayed from various unavoidable causes, to the present time, but that this delay will add much to the value of the volume, inasmuch as several important and interesting biographies have been added, and valuable portraits of some of our most distinguished physicians. The work is now in press and in a good degree of forwardness, and will be ready for subscribers and others in a very few weeks. It will be much larger than was at first anticipated, and will contain more than 600 pages octavo, with a good many beautifully executed portraits. The typography and general finish will be equal to any medical work which has appeared in this country. During the prosecution of the undertaking, Dr. Williams has had the aid of many eminent medical gentlemen, and his correspondence has been very extensive. It has been a darling subject with him for a long time, and when published, the work will have cost him a considerable sum of money, aside from his literary labor. Dr. Williams is well qualified for the preparation of such a work, and we are looking for its forthcoming with high expectations.

Enchiridion Medicum.—One of the most celebrated of the medical men who have died in Europe within the last few years, was Christopher William Hufeland, of Prussia. From small beginnings, he rose to great distinction in his own and other countries. He was a busy man, who allowed no opportunity to pass without profit either to himself or others.

From habits of industry, early acquired, Dr. Hufeland gathered in a mighty harvest of knowledge. He in fact became the oracle of the day, and maintained the eminence awarded him by the public voice, till the day of his death. Who has not heard of Hufeland's *Journal of Practical Medicine*? It was a periodical of unsurpassed popularity, in which every man of integrity in the profession was freely permitted to write whatever he chose in regard to things appertaining to medicine. No clique of ambitious dictators arranged their forces for selfish purposes in the conduct of his *Journal*. With a liberality worthy of all praise, all who had facts to communicate or useful suggestions to make, were permitted to be heard through the pages of Dr. Hufeland's excellent *Journal*.

In the series of Dr. Hufeland's writings, the *Enchiridion Medicum, or the Practice of Medicine*, was the last. It was the result of fifty years of experience. From the sixth German edition, translated by Casper Bruchhausen, a second American edition was prepared by Robert Nelson, M.D., and has been recently published simultaneously at New York and London, by Wm. Rudde. The better we are acquainted with the real merits of the *Enchiridion*, the more solicitous we are to have others participate with us in the advantages accruing from the study of a good but partially neglected medical volume.

First, the *relations of the physician* are considered; then, *nature and art*; next, *diagnosis, conditions of disease, therapeutics, practice, acute fevers, intermittent and chronic fevers, inflammations and sanguineous congestions, &c.* *Gastroses*, nervous diseases, &c. &c., follow in orderly succession, till every disease has been thoroughly examined in detail. To the profession it may be said, without fear of contradiction, that this system of practice by Hufeland, although possibly a little behind the age in some respects, will not suffer by comparison with any treatise upon the same subject, in any language.

Rokitansky's Pathological Anatomy.—By permission of the author Carl Rokitansky, M.D., professor of Anatomy in the University of Vienna. Dr. John C. Peters, of New York, has made a translation of a part of his treatise on *Pathological Anatomy*. Part I., in its English dress, embraces the *abnormal condition of the organs of respiration*, with additions on diagnosis from Schoenlein, Skoda and others. Although eminently distinguished in Germany, Dr. Rokitansky is not so well known in the United States. His views and opinions are expressed in the fewest words possible, in his own language, which the translator has faithfully endeavored to put into English in the same economical manner. This gives a kind of stiffness to some sentences, of which he is himself fully sensible; but the object being a correct rendering of one language into another, Dr. Peters has faithfully accomplished the object.

We hope Dr. Peters will find it for his interest to favor the medical community with the second part at once. Wm. Rudde, of New York, is the publisher. His chance of being remunerated for embarking in the enterprise, will certainly be enhanced by printing the whole. If half is better than nothing, then the whole is better than half.

Trial of Rogers for Murder.—Messrs. Geo. T. Bigelow and Geo. Bemis, Esqs., counsel for Abner Rogers, Jr., who was tried in Boston, in

January last, for the murder of Charles Lincoln, Jr., Warden of the Massachusetts State Prison, have prepared a voluminous report of the trial, which has been issued from the publishing house of Messrs. Little & Brown. We have just completed a perusal of it, and recommend to our professional brethren to study the medical testimony which it contains. Rogers was believed by the jury to have been insane when he committed the atrocious deed, and was ultimately sent to the Insane Hospital at Worcester, where he died in consequence of jumping through a window. This last act has confirmed the opinion in the minds of many that he had labored under a peculiar monomania. It is our intention, whenever other avocations will permit, to analyze some of the leading points of evidence in this exciting case.

From the time of the murder to the period when he was removed to Worcester, Rogers was confined in the Leveret-street Jail. A vivid recollection of his usual appearance, the character of his conversation, and the apparent current of thought, during that imprisonment, is still retained by us, though it may be of little or no service in a subsequent inquiry.

Memorial of the late Dr. J. C. Prescott.—An appropriate sermon was preached at the funeral of the late Dr. Prescott, of Concord, N. H., by the Rev. Jonathan Curtis, and an abstract of the discourse has been sent to the friends of the deceased. The reverend speaker has given the portrait of a good physician, in a manner to make any one desirous of having that reputation. Luke, *the beloved physician*, in all the relations of life, fully sustained the character which has been given of him by his contemporaries. He was a discreet, firm and steadfast friend, says the preacher. This appears from his accompanying the apostle Paul in several journeys through Asia Minor and Greece. He likewise attended him when he carried collections to the poor saints in Judea. He remained there during the apostle's imprisonment, two years. He is thought to have been present at the trials before Festus and Felix, and to have taken down the eloquent speeches made by Paul in his notable defence. When Paul was sent a prisoner to Italy, Luke, the physician, accompanied him as a friend, and remained with him at Rome till his final release. His untiring constancy and devotion to the interests of his friends, truly entitled him to the appellation of the *good physician*. From the narrative found in the New Testament, Mr. Curtis exhibits the kind of man a good physician should be, to sustain himself and to confer the greatest amount of happiness on his suffering fellow mortals.

Fretfulness after African Fevers.—A singular kind of discovery is thought by some to have been made in relation to a change produced by the climate of Liberia, on the tempers of white men. In the late celebrated Dr. Nathan Smith's treatise on typhus, a hint of this kind is expressed—that all convalescents from fever are singularly irritable—perhaps for a long while after perfect restoration to health. It is proverbial that most of the white residents, both from England and America, who have passed through the seasoning fever of that country, were ever afterwards remarkably irritable, impatient, and provokingly obstinate in carrying out measures that gratified no one but themselves. Out of this fact

has the question been raised—is the brain left in any peculiar state after recovering from the fevers of Liberia? How much of this alteration from placidity to a mental hurricane, from sweet to sour, from habitual good nature to a perpetual scowl, may depend upon the imagination of an active theorist, we shall not attempt to define. From all that can be gathered, thus far, the presumption is, that white men are singularly wrought upon, both in body and mind, by a protracted residence in Africa. That Continent seems to have been expressly designed for the home of the colored man. He resists its malaria, the vertical rays of its torrid sun, and the pestilence that has swept off, with resistless power, the people of all other countries who have attempted to establish themselves permanently on any part of the Negro's father-land.

Enormous Osteo-sarcomatous Tumor.—Dr. Lewis has at his office, in Boylston street, an enormously large tumor of the osteo-sarcomatous kind, which weighs nearly twenty-five pounds—being so large in size that it can but just be forced into a common-sized water-pail. It was taken from the body of a young man somewhere about 20 years of age, after death, who died in the neighboring town of Milton, last week. It involved the whole of the ileum and half the sacrum of the left side. This prodigious mass was the growth of not far from eighteen months. No cause can be assigned for the origin of such a formidable tumor—for which neither the art of surgery nor the resources of medicine could afford any permanent relief.

How are Fevers Treated?—A gentleman made the inquiry, a little time since—How are fevers treated in Boston? Any gentleman who is willing to answer the question by preparing one or more communications for the Journal, will confer a favor. Typhus and scarlatina had the highest place in the inquirer's mind, and are of most frequent occurrence in many parts of the country, and it would therefore oblige him and many others, to be instructed in the usual treatment of these two diseases among us.

Rensselaer Medical Society.—On the 13th of September, the Medical Society of Rensselaer Co., N. Y., Dr. Watkyns, President, was in session at Troy. The members are desirous of a modification of the State laws, authorizing the formation of Medical Societies, the examination of candidates for membership, &c. They have the hearty good wishes of the profession everywhere, for their efforts to sustain that high medical reputation for which the whole empire State has been eminently distinguished.

Dr. McDowell on Consumption.—A review of the treatise by Dr. Wm. A. McDowell, of Louisville, Ky., having appeared in the Medical Journal of that city, a reply was prepared in answer to it, and intended for the pages of the same periodical. It was not received, however, for some reason, by the editors. This denial roused the Kentucky blood of Dr. McDowell, who has addressed the medical public through the newspaper press, with considerable spirit. He imputes the refusal to admit

his communication, to Dr. Yandell—and says to the conductors of the Journal, that he has reason to complain of injustice at their hands, in charging him with claiming "originality" in regarding consumption curable in all its stages.

"I have advanced," he says, "no such claim. On the contrary, I have faithfully and even greedily quoted, in support of my position of curability, all the authority I had access to, comprising every one of note who had then written upon the subject—Stokes not excepted."

Injury to the Spinal Cord in a Case of Suicide.—An instance is related in the London Lancet, by Mr. Morgan, of the Middlesex Hospital, in which death, in a case of suicide by hanging, was caused neither by dyspnoea nor cerebral congestion, but by injury to the spinal marrow in the cervical vertebræ. This was occasioned by the knot, in the old silk handkerchief made use of for a cord, being placed on the middle of the under side of the chin. With the cord in this situation, pressure upon the air passages, or the cervical vessels could hardly have been exerted. There was a very deep cord-mark at the posterior part of the neck, but on the anterior part there was no mark, excepting that of the knot just under the chin. On a *post-mortem* examination, the lungs were found of ordinary size and color, without unusual engorgement, and the ventricles of the heart with rather less blood than usual. In the five first cervical vertebræ ecchymosis was found in the sheath of the spinal marrow. On the left side, exterior to the sheath, an extensive effusion of coagulated blood was found. The woman who thus destroyed herself had suffered for more than twelve months from a cancerous affection of the uterus, which had caused intense and almost constant pain; and she was debilitated to such a degree that she made no movement without assistance. And yet, in the short absence of friends, she managed to hang herself from the bed-rail, which was about five feet eight inches from the floor.

Diagnosis of Gastralgia from Cancer of the Stomach.—"In gastralgia the appetite is natural, impaired, or increased, perverted, depraved, capricious, fantastic, irregular; liquids are digested with greater difficulty than solids: whereas, the reverse is the case in cancer; the digestive process is sometimes easy, and is always affected in the end, in spite of the discomfort and suffering which it frequently produces; the breath is free from bad smell, eructation of air, free from disagreeable taste, occurs frequently; pain at the epigastrium, often of greater severity than cancerous disease, occurring in regular paroxysms, shooting to the shoulders and the walls of the chest, and diminishing instead of increasing under pressure, and on the ingestion of food; besides this, there are curious indescribable sensations felt at the epigastrium, and singular pulsations. In gastralgia the color of the patient's skin undergoes no unhealthy change, and his strength and flesh do not [generally] give way. Gastralgia is frequently accompanied by hypochondriasis, cancer is not. Gastralgia affects distant organs by sympathy only. In cancer, other organs become affected by similar disease."—*British and Foreign Review*.

Medical Miscellany.—Dr. William Johnson lately came home Surgeon of the frigate United States, from the Pacific—Dr. Wm. A. Nelson, Assis-

tant Surgeon.—Dr. J. W. White, of Connecticut, has been appointed consul at Liverpool. The income of the office is said to be worth 17,000 dollars a year.—There are 224 students attending lectures at the Medical College in Charleston, South Carolina.—Dr. Copeland suggested to the Medical Society of London, that an increase of fever in the metropolis, is to be imputed to wooden pavements. Out of a population of 2,500, at Galveston, in Texas, 200 died in four weeks, of yellow fever. It was undoubtedly introduced there from Vera Cruz.—A young girl at Newport, R. I., who has long been subject to spasms, had ten pins and needles taken out from one of her heels, within a few days.—On the 16th there were four deaths by yellow fever in the New Orleans Charity Hospital.—A wood-sawyer, in the city of Boston, has lost four wives in five years by beastly drunkenness, and they were all buried at the public expense. He is now living with a fifth wife, but whether in expectation of soon being a matrimonial candidate, has not been determined.—Dr. Locock, first physician accoucheur to the queen, has a fee of a £1000 on the birth of a royal infant. Dr. Ferguson receives £500, and Sir James Clark the same.—The mean term of life diminishes northward in Great Britain. The highest in south-western counties is in the following order:—Sussex, 55; Hants 53; Devon 56. The county of Lancaster has a mean of 36, the lowest county; in which Liverpool rates at 26. Human life in Devon is on the average twenty years longer than in Lancaster, and thirty longer than in Liverpool.

To CORRESPONDENTS.—Dr. Jennings's case of Cyanosis is received, and will be inserted next week.

MARRIED,—At Goshen, N. Y., J. Pattison, M.D., to Miss M. C. Hoffman.

DIED,—At Philadelphia, Dr. Joseph F. Eustis.

Number of deaths in Boston for the week ending Oct. 5, 45.—Males, 19; Females, 26. Stillborn, 3. Of consumption, 3—old age, 3—scarlet fever, 5—disease of the heart, 1—dropsy in the brain, 4—cholera infantum, 2—convulsions, 1—infantile, 4—suffocation, 1—dropsy, 1—synovitis, 1—palsy, 1—canker in the bowels, 1—typhus fever, 4—marasmus, 1—teething, 3—hooping cough, 2—child-bed, 2—croup, 1—inflammation of the bowels, 1—inflammation of the lungs, 1—rupture of bloodvessel, 1—tic douloureux, 1.

Under 5 years, 26—between 5 and 20 years, 2—between 20 and 60 years, 12—over 60 years, 5.

REGISTER OF THE WEATHER,

Kept at the State Lunatic Hospital, Worcester, Mass. Lat. 42° 15' 49". Elevation 483 ft.

Sept.	Therm.	Barometer.	Wind.	Sept.	Therm.	Barometer.	Wind
1	from 62 to 70	from 29.57 to 29.59	S E	16	from 57 to 86	from 29.48 to 29.50	N W
2	64 72	29.42 29.58	S E	17	64 75	29.50 29.55	N W
3	67 72	29.20 29.29	N W	18	50 82	29.27 29.49	N W
4	54 76	29.38 29.50	N W	19	54 81	29.40 29.49	N W
5	49 75	29.67 29.70	N	20	59 87	29.50 29.52	S W
6	44 78	29.82 29.85	S E	21	63 81	29.38 29.48	S E
7	51 81	29.66 29.74	S W	22	56 68	29.41 29.44	N W
8	55 82	29.53 29.59	W	23	42 70	29.57 29.60	N W
9	55 81	29.46 29.54	W	24	38 73	29.62 29.62	S W
10	59 89	29.48 29.53	N W	25	55 60	29.58 29.61	S W
11	60 78	29.52 29.54	S W	26	47 61	29.58 29.62	N E
12	63 75	29.52 29.53	N E	27	38 54	29.68 29.68	N E
13	60 68	29.50 29.51	N E	28	30 54	29.45 29.65	W
14	55 76	29.50 29.50	W	29	42 48	28.54 29.00	N E
15	63 83	29.44 29.49	N W	30	43 63	29.10 29.39	S W

This month has been pleasant till quite the last—warm and dry; only about 6-10th of an inch of rain having fallen the first twenty-five days. The first frost was on the 23d. The season has been fine for ripening the fruits of the earth. Within the last five days, 3.7 inches rain has fallen: still the springs are low. Range of Thermometer, from 30 to 89. Barometer, from 28.54, to 29.85. Inches of rain fallen, 3.79. On twenty-two successive days, no rain fell.

Amputation of the entire Scapulum.—M. Rigaud, Professor of Clinical Surgery at the Faculty of Strasburgh, forwarded to the Academy the model of a scapulum which he had taken away, along with a portion of the clavicle, from a man 51 years of age. The patient, a grenadier of the Imperial Guard, bore, in 1841, a tumor of the superior portion of the left arm, which necessitated amputation at the shoulder-joint, an operation which M. Rigaud performed. The wound resulting from the operation healed, and the patient was well during eight months. At that epoch an osseous tumor formed in the axillar region, evidently proceeding from the anterior angle of the scapulum. M. Rigaud thought it necessary to take off the entire scapulum along with the external extremity of the clavicle. This laborious operation was performed successfully in 1842; the patient recovered in the course of two months, and has ever since enjoyed good health.—*London Lancet.*

Death from the Bite of a Rattlesnake.—Dr. Stadia, of Saratoga, N. Y., died lately from the bite of a rattlesnake. From some strange infatuation, the doctor had been in the habit of amusing himself with about fifty snakes of several kinds in a small room in his house, twenty-five of whom were rattlesnakes deprived of their fangs. He had great confidence in certain preventives against their virus, and it is said had inoculated himself and his family with the latter. On the 12th inst., the doctor accompanied several persons to the snake room, and, as usual, commenced handling and petting them. In attempting to take hold of a large one, it bit him on the right hand, between the little and adjoining finger. Almost as quick as thought, the hand commenced swelling, and before the preventive could be applied, the place of the bite had swollen to the size of a butter-nut, and so closed the wound, that the medicine, if there is any virtue in it, could not take effect.

Within one hour after he was bitten he was so overcome by its effects that he could not sit up; went to his bed, was bled as often as once an hour during the succeeding night, lingered through the next day until about seven o'clock in the evening, when he died, a victim to his own folly.

The Effects of Antimony on Infants.—Mr. Wilton, in the Provincial Medical Journal, gives the details of several cases, in which antimony, exhibited internally to children, caused excessive depression and exhaustion, and in two cases a fatal termination. The principal *post-mortem* appearance was an exceedingly ex-sanguineous condition of every part of the body. Mr. Wilton observes that antimony is a dangerous remedy for children, and always requires caution and observation in its use. To the truth of this remark we can add our testimony.—*London Med. Times.*

Pathology of Neuralgia.—Dr. Skae claims for himself the discovery, that neuralgia is dependent on congestion taking place in a nerve, in a part where, from the rigidity of the neighboring structures, as, for instance, in osseous canals, a ready diffusion of the pressure cannot take place.—*Ibid.*